BRITH MO.  REG. DIST. NO.  REGISTROY'S NO.  RE	ruro 11181 F	7 4055 -	THE DIVISION OF HE			49004
1. PLACE OF DEATH  a. COUNTY  St. Louis  b. CITY (If questide corrows limits, write RURAL and give coverable)  C. LENGTH OF (If each is benefitate or functionis), eive stream address or location)  G. FULL NAME OF (If each is benefitate or functionis), eive stream address or location)  H. OSPIAL OR (PPTAL OR OY PTE)  D. (MIDDRES)  NAME OF DECEASED  (Type or Print)  FRANCES  SEX  Female  Inc. USINA COUNTY St. Louis  S. SEX  Female  Inc. USINA COUNTY  Inc. USINA COUNT	·- HIED JUN 1	7 195 <b>5</b> s		ICATE OF DEA	ATH State File No.	LACOL
a. COUNTY  St. Louis  D. CITY (It cutcide corporated limits, write RURAL and give for the property of the prop	BIRTH NO	RE	6. DIST. NO. 317	PRIMARY REG. DIST.	NO. 546 Registrar's No.	. 117/
OR TOWN  OVERLAND  OVERLAN						nstitution: residence before Louis desimion
3. NAME OF DECEASED EVEN BY A COLOR OR RACE  Female    Color or Race   Female   Color or Race   Final Diversity   Final	OR		township) STAY (in this place)	ll OR	LOALE 7 28 dist	tesidence within limits of try or incorporated town?
S. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (to years a visual training of the death of the directs or or other countries of the dose of the death o	DOSPITAL OR			II ADDDECĆ	· · · · · · · · · · · · · · · · · · ·	
Temple   White   Wild Gove   Wild Gove   Way 18, 1881   Way 18, 1881   Was 18, 1881   Was 18, 1881   Was 18, 1881   Was 18,		· '		c. (Last)	) OF 36	
At Home   DUSTRY   Jacksonville, Tilinois   COUNTS	5. /1	COLOR OR RACE 7. N	WARRIED, NEVER MARRIED OF WILDOWED (Bookle)			
Benjamin F. Hilligass   Sarah Frances Hunter   Harmon W. Moss      S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDITION   NO.	10a. USUAL OCCUPATIO done during most of workin HOUS EWIIE	N (Give kind of work ag life, even if retired)	DUSTRY	1 (6	ity and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., a.g., or unknown)   (If yes., rive war or dates of service)   (If yes., rive war or dates or dates of service)   (If yes., rive war or dates of s		Willianee		_	1	FE
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  **This does not mean the mode of dying, such as heart failure, attenue, etc. It means the discense, injury or complica- tion which caused death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  19d. TIME  19d. (Bpecily)  21d. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  19d. TIME  19d. (Month)  19d. (Day)  19d. (Pow)  19d. (Hour)  21e. INJURY OCCURRED INJURY OCCURRED INJURY  22f. INJURY OCCURRED INJURY 22f. INJURY OCCURRED INJURY 22f. INJURY OCCURRED INJURY 22f. Indied to the decease of from AT WORK  22f. 19 3, and that death occurred at 22f. OPERATORY  22g. DATE  19d. OPERATORY  22d. DATE 12d. SAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)  22d. DATE 22d. BURIAL, CREMA-  22d. DATE 22d. D	15. WAS DECEASED EVE (Yes, no, or unknown) (II	R IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY	17. INFORMANT'	S SIGNATURE OR NAME	ADDRESS
the mode of dying, such as heart failure, asthenia, tic. It means the disease, injury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT (Specify)  SUICIDE HOMICIDE  HOMICIDE  12d. (Month) (Day) (Year) (Elour) 21b. PLACE OF INJURY (e.g., in or about home, farm, tactory, street, office bidg., etc.)  17d. IME (Month) (Day) (Year) (Elour) 21c. INJURY OCCURRED WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Enter only one cause per	1. DISEASE OR CONDIT DIRECTLY LEADING T	TION TO THE TOP I		ut	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 1 + 1954, to 5 - 23, 18 , that I last saw the alive on 2 - 20 , 19 2, and that death occurred at 12:30Pm., from the causes and on the date stated above.  22a. SIGNATURE (Degree or title) 23b. ADDRESS (DWDSN RO, 5 - 24b. DATE (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY 124d. LOCATION (City, town, or county)	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions, if at rise to the above cause ( the underlying cause last  11. OTHER SIGNIFICAN Conditions contributing	ny, giving DUE TO (b)  a) stating t.  DUE TO (c)  IT CONDITIONS  to the death but not			
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1 - 4 , 1954, to 5 - 23 , 18 , that I last saw the alive on 2 - 70 , 19 2, and that death occurred at 12:30Pm., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS (DWS N R O, 5 - 2  24a. BURIAL CREMA- 124b. DATE 124c. NAME OF CEMETERY OR CREMATORY 124d. LOCATION (City, town, or county)					33/x'	20. AUTOPSY1
22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE			ZIc. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	(STATE)
alive on 2-70, 19 25, and that death occurred at 12:30Pm., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or titley) 23b. ADDRESS  (Degree or titley) 25b. ADDRESS  (Degree or	OF (Month) OF INJURY		WHILEAT CON NOT WHILE CON	21f. HOW DID INJURY	OCCURT	
23a. SIGNATURE (Degree or title) 23b. ADDRESS & WWS & RO, 5-2  24a. BURIAL, CREMA-124b. DATE 124c. NAME OF CEMETERY OR CREMATORY 124d. LOCATION (City, town, or county)				1954, to 5 12:30Pm., from t	-23, 18, that I lo	ist saw the deceased
24a. BURIÁL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	238, SIGNATURE	my W M	(Degree or title)	23b. ADDRESS 8 C	Joodsna RO.	23c. DATE SIGNED
Burial May 25, 1955 Lake Charles Cemetery St. Louis County Misso	Burial	May 25, 19	. 1		•	mty) (State) Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  28. FUNERAL DIRECTOR'S SIGNATURE  29. FUNERAL DIRECTOR'S SIGNATURE  29. FUNERAL DIRECTOR'S SIGNATURE  29. FUNERAL DIRECTOR'S SIGNATURE  20. FUNERAL DIRECTOR'S SIGNATURE  20. FUNERAL DIRECTOR'S SIGNATURE  20. FUNERAL DIRECTOR'S SIGNATURE  21. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  27. FUNERAL DIRECTOR'S SIGNATURE  28. FUNERAL DIRECTOR'S SIGNATURE  29. FUNERAL DIRECTOR'S SIGNATUR	DATE REC'D BY LOCAL S/24/55	REGISTRAR'S SIGNA	Monke. M.D	Shepard Fu	neral Home, 1167 H	amilton Ave

## A STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision.

Signature of Student Embalmer

Student.....

WMR 12

P. O. Address of Land

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fit to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.